CERTIFICATE OF MEDICAL NECESSITY

DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 781 (3-2006)

Clear Fields

MANUAL WHEELCHAIR

SECTION A - Certification Type/Date:

Date	☐ Initial ☐ Revised
Name	Patient ID

SECTION B - Information in this Section May Not Be Completed by the Supplier of the Items/Supplies.

EST. LENGTH OF NEED (# OF MONTHS): _____ 1-99 (99=LIFETIME)

Manual Wheelchair Base & All Accessories	1. Does the patient require and use a wheelchair to move around in their residence? ☐ Yes ☐ No ☐ Does Not Apply
Reclining Back	2. Does the patient have quadriplegia, a fixed hip angle, a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day? ☐ Yes ☐ No ☐ Does Not Apply
Elevating Legrest	3. Does the patient have a cast, brace or musculoskeletal condition, which prevents 90 degree flexion of the knee, or does the patient have significant edema of the lower extremities that requires an elevating legrest, or is a reclining back ordered? ☐ Yes ☐ No ☐ Does Not Apply
Adjustable Height Armrest	4. Does the patient have a need for arm height different than that available using non-adjustable arms? ☐ Yes ☐ No ☐ Does Not Apply
Reclining Back; Adjustable Height Armrest; Any Type Ltwt. Wheelchair	5. How many hours per day does the patient usually spend in the wheelchair? (1-24) (Round up to the next hour) Hours
Any Type Lightweight Wheelchair	6. Is the patient able to adequately self-propel (without being pushed) in a standard weight manual wheelchair? ☐ Yes ☐ No ☐ Does Not Apply
Any Type Lightweight Wheelchair	7. If the answer to question #6 is "No," would the patient be able to adequately self-propel (without being pushed) in the wheelchair which has been ordered? ☐ Yes ☐ No ☐ Does Not Apply

SECTION C - Narrative Description

Narrative decription of all items, accessories and options ordered. Attach additional pages, if necessary.

SECTION C Physician Signature/Date

Signature	Date	(Signature and Date Stamps are not acceptable)